

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Health Regulation Administration



PHYSICIAN-ACUPUNCTURIST
REGISTRATION OF COLLABORATION

INSTRUCTIONS

1. An acupuncturist shall file a separate registration form for each physician with whom an acupuncturist collaborates.
2. An acupuncturist shall not begin treating a patient until a registration form has been filed with the Board of Medicine.
3. A collaborating physician and an acupuncturist shall give the Board of Medicine written notice of the termination of an agreement to collaborate within 15 days following the termination of an agreement.
4. This form may be duplicated.

Acupuncturist:

Name (Last, First, MI) *Social Security Number* *License Number*

Street Address (Business)

City, State, Zip Code *Telephone*

I certify that I understand and accept my duties to the practice and to the collaborating physician, identified below, as set forth in Title 17, DCMR, Chapter 47.

Signature (Acupuncturist) *Date*

Physician:

Name (Last, First, MI) *Social Security Number* *License Number*

Street Address (Business)

City, State, Zip Code *Telephone*

I certify that I understand and accept my duties to the practice and to the acupuncturist, identified above, as set forth in Title 17, DCMR, Chapter 47.

Signature (Physician) *Date*